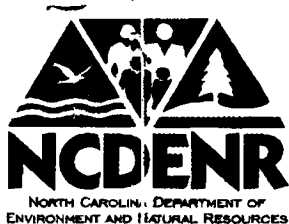


26

Halifax Co.

SCANNED

4206 Com



revised 5/12/2005 11:23 AM ✓

FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

UNIT TYPE: (check all that apply to this audit with same Permit number)												
Lined MSWLF		LCID		YW		Transfer		Compost	<input checked="" type="checkbox"/>	SLAS		COUNTY: Halifax PERMIT NO.: 42-06 FILE TYPE: COMPLIANCE
Closed MSWLF		HHW		White goods		Incin		T&P		FIRM		
CDFL		Tire T&P / Collection		Tire Monofill		Industrial Landfill		DEMO		SDTF		

Date of Audit: 4/22/2005.Date of Last Audit: 12/2/2004**FACILITY NAME AND ADDRESS:**

CALEDONIA CORRECTIONAL INSTITUTION SMALL TYPE III COMPOST FACILITY
PO BOX 137
TILLERY NC 27887
CALEDONIA DRIVE

FACILITY CONTACT NAME AND PHONE NUMBER: Bill Carroll Program Supervisor Phone 252 826 5621, Fax 252 826 5434

FACILITY ADDRESS (IF DIFFERENT)

Same

AUDIT PARTICIPANTS:

Ben Barnes DENR Solid Waste Section, Kenneth Evans, WWTP operator, Caledonia Correctional Facility

STATUS OF PERMIT:

Active, Permit issued July 31, 2004 due for review on or before July 31, 2005

PURPOSE OF AUDIT:

To conduct a comprehensive audit of a small Type III Compost Facility

**NOTICE OF VIOLATION(S) (citation and explanation):**

NONE

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):

NONE

FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

Page 2 of 2

OTHER COMMENTS SUGGESTIONS:

1. Temperatures are within regulatory limits.
2. Make sure samples for fecal coli are taken every six month
3. Facility appears to be well run, records in excellent shape

Please contact me if you have any questions or concerns regarding this audit report.

Ben Barnes (signature) Phone: 919 571 4700.
Ben Barnes Regional Representative

Distribution: original signed copy to facility -- signed copy to compliance officer -- e-mail or copy to super

Delivered on : <u>5/12/2005</u> by		Hand delivery	<input checked="" type="checkbox"/>	US Mail		Certified No. []
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cc: Self

- ✓ Mark Poindexter, Field Operations Branch Head
- John Crowder, Eastern District Supervisor
- Ted Lyon, Composting and Land Application Branch Head



revised 4/28/2005 7:40 AM

FACILITY COMPLIANCE AUDIT REPORT

Division of Waste Management

Solid Waste Section

UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF	LCID	YW	Transfer	Compost	<input checked="" type="checkbox"/>	SLAS
Closed MSWLF	HHW	White goods	Incin	T&P		FIRM
CDLF	Tire T&P / Collection	Tire Monofill	Industrial Landfill	DEMO		SDTF

COUNTY: Halifax

PERMIT NO.: 42-06

FILE TYPE: COMPLIANCE

Date of Audit: 4/22/2005.

Date of Last Audit: 12/2/2004

FACILITY NAME AND ADDRESS:

CALEDONIA CORRECTIONAL INSTITUTION SMALL TYPE III COMPOST FACILITY
PO BOX 137
TILLERY NC 27887
CALEDONIA DRIVE

FACILITY CONTACT NAME AND PHONE NUMBER: Bill Carroll Program Supervisor Phone 252 826 5621, Fax 252 826 5434

FACILITY ADDRESS (IF DIFFERENT)

Same

AUDIT PARTICIPANTS:

Ben Barnes DENR Solid Waste Section, Kenneth Evans Caledonia Correctional Facility

STATUS OF PERMIT:

Active, Permit issued March 2005, will expire on July 31, 2009

PURPOSE OF AUDIT:

To conduct a comprehensive audit of a small Type III Compost Facility

HIVE
 Waste
 Management
 761-5110

NOTICE OF VIOLATION(S) (citation and explanation):

NONE

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):

NONE

FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

Page 2 of 2

OTHER COMMENTS SUGGESTIONS:

1. Temperatures are within regulatory limits.
2. Make sure samples for fecal coli are taken every six month
3. Facility appears to be well run, records in excellent shape

Please contact me if you have any questions or concerns regarding this audit report.

Ben Barnes (signature) Phone: 919 571 4700.
Ben Barnes Regional Representative

Distribution: original signed copy to facility -- signed copy to compliance officer -- e-mail or copy to super

Delivered on : 4/29/2005 by		Hand delivery	X	US Mail		Certified No. []
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cc: Self
✓ Mark Poindexter, Field Operations Branch Head
John Crowder, Eastern District Supervisor
Ted Lyon, Composting and Land Application Branch Head



FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF		LCID		YW		Transfer		Compost	X	SLAS		COUNTY: Halifax PERMIT NO.: 42-06 FILE TYPE: COMPLIANCE
Closed MSWLF		HHW		White goods		Incin		T&P		FIRM		
CDLF		Tire T&P / Collection		Tire Monofill		Industrial Landfill		DEMO		SDTF		

Date of Audit: 5/27/2004.

Date of Last Audit: 5/26/2003

FACILITY NAME AND ADDRESS:

CALEDONIA CORRECTIONAL INSTITUTION SMALL TYPE III COMPOST FACILITY
PO BOX 137
TILLERY NC 27887
CALEDONIA DRIVE

FACILITY CONTACT NAME AND PHONE NUMBER: Bill Carroll Program Supervisor Phone 252 826 5621, Fax 252 826 5434

FACILITY ADDRESS (IF DIFFERENT)

Same

AUDIT PARTICIPANTS:

Ben Barnes DENR Solid Waste Section, Bill Carroll Caledonia Correctional Facility

STATUS OF PERMIT:

Active, Permit issued May 15, 1998, due for review by June 15, 2003. Initial information packet for re-permitting has been submitted to the Division.

PURPOSE OF AUDIT:

To conduct a comprehensive audit of a small Type III Compost Facility

NOTICE OF VIOLATION(S) (citation and explanation):

NONE

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):

NONE



Division of Waste Management
Solid Waste Section

Page 2 of 2

OTHER COMMENTS /SUGGESTIONS:

1. Temperatures low, operator is looking for a new nitrogen source. Has had trouble getting peanut shells.
2. Make sure samples for fecal coli are taken every six months
3. Most of the bins were empty at the time of the audit.

Please contact me if you have any questions or concerns regarding this audit report.

Ben Barnes

(signature) Phone: 919 571 4700.

Ben Barnes Regional Representative

Distribution: original signed copy to facility -- signed copy to compliance officer -- e-mail or copy to super

Delivered on : <u>6/9/2004</u> by		hand delivery	<input checked="" type="checkbox"/>	US Mail		Certified No. []
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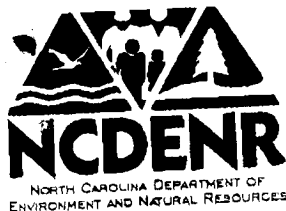
cc:

Self

✓ Mark Poindexter, Field Operations Branch Head

Mark Fry, Eastern District Supervisor

Ted Lyon, Composting and Land Application Branch Head



FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

Mark Poinsett
m

UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF	LCID	YW	Transfer	Compost	<input checked="" type="checkbox"/>	SLAS	
Closed MSWLF	HHW	White goods	Inciner	T&P		FIRM	
CDFL	Tire T&P / Collection	Tire Monofill	Industrial Landfill	DEMO		SDTF	

COUNTY: Halifax
PERMIT NO.: 42-06
FILE TYPE: COMPLIANCE

Date of Audit: 9/29/2003.

Date of Last Audit: 4/29/2003

FACILITY NAME AND ADDRESS:

RETURN RECEIPT REQUESTED

CALEDONIA CORRECTIONAL INSTITUTION SMALL TYPE III COMPOST FACILITY
PO BOX 137
TILLERY NC 27887
CALEDONIA DRIVE

FACILITY CONTACT NAME AND PHONE NUMBER: Steve Joyner Waste Water Treatment Area
Operator Phone 252 826 5621, Fax 252 826 5434

FACILITY ADDRESS (IF DIFFERENT)

Same

AUDIT PARTICIPANTS:

Ben Barnes DENR Solid Waste Section,

Waste
Management

STATUS OF PERMIT:

Active, Permit issued May 15, 1998, due for review by June 15, 2003

PURPOSE OF AUDIT:

To conduct a partial audit of a small Type III Compost Facility

NOTICE OF VIOLATION(S) (citation and explanation):

15A N.C. Admin. Code 13B .0201(a) states that "no person shall establish, or allow to be established on his land, a solid waste management facility, or otherwise treat, store, or dispose of solid waste unless a permit for the facility has been obtained from the Division." The Caledonia Correctional Facility is in violation of this rule in that the permit to operate this facility expired on June 15, 2003 and that documents required to renew the permit have not been sent to the Division. Therefore the Caledonia Correctional Facility must submit to the Division by October 30, 2003 documents required for a permit renewal.

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

Division of Waste Management
Solid Waste Section

Page 2 of 2

STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):

NONE

OTHER COMMENTS /SUGGESTIONS:

1. Make sure samples for fecal coliform bacteria are taken every six months

Please contact me if you have any questions or concerns regarding this audit report.

Ben Barnes (signature) Phone: 919 571 4700
Ben Barnes Regional Representative

Distribution: original signed copy to facility -- signed copy to compliance officer -- e-mail or copy to super

Delivered on : October 3, 2003by	hand delivery	US Mail	X	Certified No. <input type="checkbox"/>
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cc: Self
Mark Poindexter, Field Operations Branch Head
Mark Fry, Eastern Area Supervisor
Ted Lyon, Composting and Land Application Branch Head



(120)
✓

FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF	<input type="checkbox"/>	LCID	<input type="checkbox"/>	YW	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Compost	<input checked="" type="checkbox"/>	SLAS	<input type="checkbox"/>	COUNTY: Halifax PERMIT NO.: 42-06 FILE TYPE: COMPLIANCE
Closed MSWLF	<input type="checkbox"/>	HHW	<input type="checkbox"/>	White goods	<input type="checkbox"/>	Incineration	<input type="checkbox"/>	T&P	<input type="checkbox"/>	FIRM	<input type="checkbox"/>	
CDLF	<input type="checkbox"/>	Tire T&P / Collection	<input type="checkbox"/>	Tire Monofill	<input type="checkbox"/>	Industrial Landfill	<input type="checkbox"/>	DEMO	<input type="checkbox"/>	SDTF	<input type="checkbox"/>	

Date of Audit: 4/29/2003.

Date of Last Audit: 2/11/2003

FACILITY NAME AND ADDRESS:

CALEDONIA CORRECTIONAL INSTITUTION SMALL TYPE III COMPOST FACILITY
PO BOX 137
TILLERY NC 27887
CALEDONIA DRIVE

FACILITY CONTACT NAME AND PHONE NUMBER: Steve Joyner Waste Water Treatment Area
Operator Phone 252 826 5621, Fax 252 826 5434

FACILITY ADDRESS (IF DIFFERENT)

Same

AUDIT PARTICIPANTS:

Ben Barnes DENR Solid Waste Section,

STATUS OF PERMIT:

Active, Permit issued May 15, 1998, due for review by June 15, 2003

PURPOSE OF AUDIT:

To conduct a partial audit of a small Type III Compost Facility

NOTICE OF VIOLATION(S) (citation and explanation):

NONE

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):

NONE

OTHER COMMENTS /SUGGESTIONS:

Division of Waste Management
Solid Waste Section

Page 2 of 2

1. Composting operation has begun again. Temperatures look much better.
2. Operator has changed back from Bob Carroll to Steve Joyner
3. Make sure samples for fecal coli are taken every six months

Please contact me if you have any questions or concerns regarding this audit report.

Ben Barnes

(signature) Phone: 919 571 4700.

Ben Barnes Regional Representative

Distribution: original signed copy to facility -- signed copy to compliance officer -- e-mail or copy to super

Delivered on :		hand delivery	X	US Mail		Certified No. []
[Click and type date] by						

cc: Self

✓ Mark Poindexter, Field Operations Branch Head

Mark Fry, Eastern Area Supervisor

Ted Lyon, Composting and Land Application Branch Head



FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF	<input type="checkbox"/>	LCID	<input type="checkbox"/>	YW	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Compost	<input checked="" type="checkbox"/>	SLAS	<input type="checkbox"/>
Closed MSWLF	<input type="checkbox"/>	HHW	<input type="checkbox"/>	White goods	<input type="checkbox"/>	Incineration	<input type="checkbox"/>	T&P	<input type="checkbox"/>	FIRM	<input type="checkbox"/>
CDLF	<input type="checkbox"/>	Tire T&P / Collection	<input type="checkbox"/>	Tire Monofill	<input type="checkbox"/>	Industrial Landfill	<input type="checkbox"/>	DEMO	<input type="checkbox"/>	SDTF	<input type="checkbox"/>

COUNTY: Halifax
PERMIT NO.: 42-06
FILE TYPE: COMPLIANCE

Date of Audit: 2/11/2003.

Date of Last Audit: 11/7/2002

FACILITY NAME AND ADDRESS:

CALEDONIA CORRECTIONAL INSTITUTION SMALL TYPE III COMPOST FACILITY
PO BOX 137
TILLERY NC 27887
CALEDONIA DRIVE

FACILITY CONTACT NAME AND PHONE NUMBER: Bill Carroll Program Director Phone 252 826 5621 Fax 252 826 5434

FACILITY ADDRESS (IF DIFFERENT)

Same

AUDIT PARTICIPANTS:

Ben Barnes DENR Solid Waste Section,

STATUS OF PERMIT:

Active, Permit issued May 15, 1998, due for review by June 15, 2003

PURPOSE OF AUDIT:

To conduct a comprehensive audit of a small Type III Compost Facility

NOTICE OF VIOLATION(S) (citation and explanation):

NONE

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):

NONE

Division of Waste Management
Solid Waste Section

Page 2 of 2

OTHER COMMENTS /SUGGESTIONS:

1. Composting operation has begun again. Temperatures look much better.
2. Records look good
3. Samples for fecal coli testing have been pulled.
4. Make sure samples for fecal coli are taken every six months

Please contact me if you have any questions or concerns regarding this audit report.

Ben Barnes (signature) Phone: 919 571 4700.
Ben Barnes Regional Representative

Distribution: original signed copy to facility -- signed copy to compliance officer -- e-mail or copy to super

Delivered on : <u>6/26/2003</u> by		hand delivery	<input checked="" type="checkbox"/>	US Mail		Certified No. []
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cc: Self
✓ Mark Poindexter, Field Operations Branch Head
Mark Fry, Eastern Area Supervisor
Ted Lyon, Composting and Land Application Branch Head



FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF	<input type="checkbox"/>	LCID	<input type="checkbox"/>	YW	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Compost	<input checked="" type="checkbox"/>	SLAS	<input type="checkbox"/>	COUNTY: Halifax PERMIT NO.: 42-06 FILE TYPE: COMPLIANCE
Closed MSWLF	<input type="checkbox"/>	HHW	<input type="checkbox"/>	White goods	<input type="checkbox"/>	Inciner	<input type="checkbox"/>	T&P	<input type="checkbox"/>	FIRM	<input type="checkbox"/>	
CDLF	<input type="checkbox"/>	Tire T&P / Collection	<input type="checkbox"/>	Tire Monofill	<input type="checkbox"/>	Industrial Landfill	<input type="checkbox"/>	DEMO	<input type="checkbox"/>	SDTF	<input type="checkbox"/>	

Date of Audit: 11/7/2002.

Date of Last Audit: 7/19/2002

FACILITY NAME AND ADDRESS:

CALEDONIA CORRECTIONAL INSTITUTION SMALL TYPE III COMPOST FACILITY
PO BOX 137
TILLERY NC 27887
CALEDONIA DRIVE

FACILITY CONTACT NAME AND PHONE NUMBER: Bill Carroll Program Director Phone 252 826 5621 Fax 252 826 5434

AUDIT PARTICIPANTS:

Ben Barnes DENR Solid Waste Section,

STATUS OF PERMIT:

Active, Permit issued May 15, 1998, due for review by June 15, 2003

PURPOSE OF AUDIT:

To conduct a comprehensive audit of a small Type III Compost Facility

NOTICE OF VIOLATION(S) (citation and explanation):

NONE

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):

NONE

OTHER COMMENTS /SUGGESTIONS:

1. No composting has occurred in the facility since July 2002. Operator is looking for a new supply of bulking agents.

**Division of Waste Management
Solid Waste Section**

Page 2 of 2

2. Samples for fecal coli testing have been pulled.
3. Make sure samples for fecal coli are taken every six months

Please contact me if you have any questions or concerns regarding this audit report.

Ben Barnes (signature) Phone: 919 571 4700.
Ben Barnes Regional Representative

Distribution: original signed copy to facility -- signed copy to compliance officer -- e-mail or copy to super

Delivered on : [Click and type date] by		hand delivery		US Mail		Certified No. []
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cc: Self
Mark Poindexter, Field Operations Branch Head
Mark Fry, Eastern Area Supervisor



FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF	<input type="checkbox"/>	LCID	<input type="checkbox"/>	YW	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Compost	<input checked="" type="checkbox"/>	SLAS	<input type="checkbox"/>	COUNTY: Halifax PERMIT NO.: 42-06 FILE TYPE: COMPLIANCE
Closed MSWLF	<input type="checkbox"/>	HHW	<input type="checkbox"/>	White goods	<input type="checkbox"/>	Incineration	<input type="checkbox"/>	T&P	<input type="checkbox"/>	FIRM	<input type="checkbox"/>	
CDLF	<input type="checkbox"/>	Tire T&P / Collection	<input type="checkbox"/>	Tire Monofill	<input type="checkbox"/>	Industrial Landfill	<input type="checkbox"/>	DEMO	<input type="checkbox"/>	SDTF	<input type="checkbox"/>	

Date of Audit: 7/19/2002.

Date of Last Audit: 12/20/2001

FACILITY NAME AND ADDRESS:

CALEDONIA CORRECTIONAL INSTITUTION SMALL TYPE III COMPOST FACILITY
PO BOX 137
TILLERY NC 27887
Caledonia Drive

FACILITY CONTACT NAME AND PHONE NUMBER: Bill Carroll Program Director Phone 252 826 5621 Fax 252 826 5434

AUDIT PARTICIPANTS:

Ben Barnes DENR Solid Waste Section,

STATUS OF PERMIT:

Active, Permit issued May 15, 1998, due for review by June 15, 2003

PURPOSE OF AUDIT:

To conduct a comprehensive audit of a small Type III Compost Facility

NOTICE OF VIOLATION(S) (citation and explanation):

NONE

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):

NONE

OTHER COMMENTS /SUGGESTIONS:

1. Operator has begun composting operations again and has been using peanut shells as a bulking agent. Temperatures were at 140 degrees Fahrenheit during the time of the inspection.

Division of Waste Management
Solid Waste Section

Page 2 of 2

Please contact me if you have any questions or concerns regarding this audit report.

Ben Barnes (signature) Phone: 919 571 4700.
Ben Barnes Regional Representative

Distribution: original signed copy to facility -- signed copy to compliance officer -- e-mail or copy to super

Delivered on : [Click and type date] by		hand delivery	<input checked="" type="checkbox"/>	US Mail		Certified No. []
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Cc: Self
Courtney Washburne: Compliance Officer

COUNTY: Halifax

PERMIT OR RECORD NO.:42-06

FILE TYPE: COMPLIANCE

**RECORD OF
COMMUNICATION**

☒ PHONE CALL ☐ DISCUSSION ☐ SITE VISIT ☐ CONFERENCE

☐ OTHER (SPECIFY) _____

(Record of item checked above)

TO: Courtney Washburne

FROM: Ben Barnes

DATE 4/18/2002

TIME 10:30

SUBJECT Composting operation

SUMMARY OF COMMUNICATION

Caledonia Correctional Facility *Tillery, Halifax Co.*, **RRO** Contacted Bill Carroll by Phone, said that he has not done any composting this year due to a lack of a supply of chips. Therefore has not been able to take any action on the temperature problems at the compost site. ROC

CONCLUSIONS,

FOLLOW-UP REQUIRED:

☐ NO ☐ PHONE CALL ☐ SUBMITTAL ☐ MEETING ☐ RETURN VISIT

BY: _____ (DATE)

FOLLOW-UP NOTES

ACTIONS TAKEN OR REQUIRED

COUNTY: Halifax

PERMIT OR RECORD NO.: SW 42-06

FILE TYPE: COMPLIANCE

**RECORD OF
COMMUNICATION**

☒ PHONE CALL ☐ DISCUSSION ☐ SITE VISIT ☐ CONFERENCE

☐ OTHER (SPECIFY) _____

(Record of item checked above)

TO: Bob Carroll
Caledonia Correctional Facility

FROM: Ben Barnes

DATE 11/28/2001

TIME 9:00

SUBJECT Deficiencies noted on last inspection

SUMMARY OF COMMUNICATION

Phoned Bob Carroll, stated that he is now in charge of the facility. He has removed all material from bins, cleaned bins, installed rat screens. He is investigating lab for fecal samples. ROC

CONCLUSIONS,

Major efforts are apparently being taken to correct deficiencies noted on last inspection

FOLLOW-UP REQUIRED:

☐ NO ☐ PHONE CALL ☐ SUBMITTAL ☐ MEETING ☒ RETURN VISIT BY: End of Year
(DATE)

FOLLOW-UP NOTES

ACTIONS TAKEN OR REQUIRED

Check on these actions during the next inspection

COUNTY: Halifax

PERMIT OR RECORD NO.: SW 42-06

FILE TYPE: COMPLIANCE

**RECORD OF
COMMUNICATION**

☒ PHONE CALL ☐ DISCUSSION ☐ SITE VISIT ☐ CONFERENCE

☐ OTHER (SPECIFY) _____

(Record of item checked above)

TO: Bob Carroll
Caledonia Correctional Facility

FROM: Ben Barnes

DATE 11/28/2001

TIME 9:00

SUBJECT Deficiencies noted on last inspection

SUMMARY OF COMMUNICATION

Phoned Bob Carroll, stated that he is now in charge of the facility. He has removed all material from bins, cleaned bins, initiated needed repairs and installed rat screens. He is investigating lab for fecal samples. ROC



CONCLUSIONS,

Major efforts are apparently being taken to correct deficiencies noted on last inspection

FOLLOW-UP REQUIRED:

☐ NO ☐ PHONE CALL ☐ SUBMITTAL ☐ MEETING ☒ RETURN VISIT BY: End of Year
(DATE)

FOLLOW-UP NOTES

ACTIONS TAKEN OR REQUIRED

Check on these actions during the next inspection



FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section



UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF		LCID		YW		Transfer		Compost	<input checked="" type="checkbox"/>	SLAS		COUNTY: Halifax PERMIT NO.: 42-06 FILE TYPE: COMPLIANCE
Closed MSWLF		HHW		White goods		Inciner		T&P		FIRM		
CDLF		Tire T&P / Collection		Tire Monofill		Industrial Landfill		DEMO		SDTF		

Date of Audit: 12/20/2001.

Date of Last Audit: 7/27/2001

FACILITY NAME AND ADDRESS:

CALEDONIA CORRECTIONAL INSTITUTION SMALL TYPE III COMPOST FACILITY
PO BOX 137
TILLERY NC 27887
Caledonia Drive

FACILITY CONTACT NAME AND PHONE NUMBER: Bob Carroll Program Director Phone 252 826 5621
Fax 252 826 5434

AUDIT PARTICIPANTS:

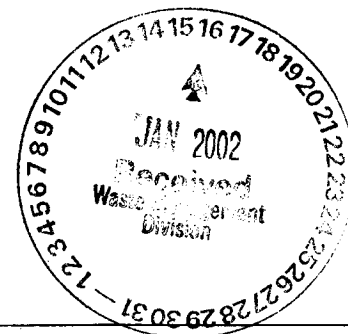
Ben Barnes DENR Solid Waste Section,

STATUS OF PERMIT:

Active

PURPOSE OF AUDIT:

To conduct a comprehensive audit of a small Type III Compost Facility



NOTICE OF VIOLATION(S) (citation and explanation):

None

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):

15A NCAC 13B .1406 **OPERATIONAL REQUIREMENTS FOR SOLID WASTE COMPOST FACILITIES (9)** Monitoring Requirements: (A) Specified monitoring and reporting requirements shall be met. *The Operational Plan* states that: "A grab sample of the product will be taken at least every 6 months and sampled for fecal coliform. A sample will be taken from each bin as it is removed and composted, kept refrigerated and sent to a NCDA lab at least every 6 months" The Caledonia Correctional Facility is in violation of this rule in that biannual samples are not being taken. This facility must immediately implement a program of biannual sampling and testing record keeping for fecal coliform bacteria. *Operator has contacted a lab for samples but did not have a bin of compost that has met all of the vector reduction requirements. Operator has made many changes that should produce samples that meet the vector reduction requirements.*

Division of Waste Management
Solid Waste Section

Page 2 of 2

15A NCAC 13B .1406 **OPERATIONAL REQUIREMENTS FOR SOLID WASTE COMPOST FACILITIES (11):** Type 2,3,and 4 facilities shall maintain the compost process at a temperature above 40 degrees Celsuis for 14 days or longer and the average temperature for that time shall be higher than 45 degrees Celsius, or Types 2,3,and 4 facilities shall meet the vector attraction reduction requirements in 41 CCFR 503.33(b)(4) or (7). The Caledonia Correctional Facility is in violation of this rule in that the operator has had difficulty in maintaining the above referenced temperatures at the facility, particularly during the winter season. Further efforts must be made to meet these temperature requirements or to investigate other methods of vector reduction. *Many repairs have been done to the facility to improve air flow to the bins, prevent mice from entering the bins and control flies. Operator is investigating further strategies to increase temperatures*

OTHER COMMENTS /SUGGESTIONS:

1. Facility has changed operators, former operator was Steve Joyner.
2. See attached letter dated December 2, 2001, from Bob Carroll outlining the response to the violations found during the previous inspection.

Please contact me if you have any questions or concerns regarding this audit report.

Ben Barnes (signature) Phone: 919 571 4700.
Regional Representative

Distribution: original signed copy to facility — signed copy to compliance officer — e-mail or copy to super

Delivered on : <u>[Click and type date]</u> by	hand delivery	<input checked="" type="checkbox"/> US Mail	Certified No. <input type="checkbox"/>
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Cc: Self
Courtney Washburne: Compliance Officer

UNIT TYPE (check all that apply to this audit)											
Lined MSWLF	<input type="checkbox"/>	CDLF	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	HHW	<input type="checkbox"/>	MRF	<input type="checkbox"/>	Incinerator	<input type="checkbox"/>
Closed MSWLF	<input type="checkbox"/>	Tire Monofill	<input type="checkbox"/>	FIRM	<input type="checkbox"/>	SLAS	<input type="checkbox"/>	YW	<input type="checkbox"/>	Compost	<input checked="" type="checkbox"/>
LCID	<input type="checkbox"/>	Tire T&P / Collection	<input type="checkbox"/>	SDTF	<input type="checkbox"/>	T&P	<input type="checkbox"/>	MWP	<input type="checkbox"/>	Industrial Landfill	<input type="checkbox"/>

COUNTY: Halifax

PERMIT OR RECORD NO: SW 42-06

FILE TYPE: COMPLIANCE

STATUS OF PERMIT:

FACILITY COMPLIANCE AUDIT REPORT

Date of Inspection: 7/10/2001

Date of Report: 7/27/2001

Date of Last Inspection: 7/07/2000

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

FACILITY NAME AND ADDRESS

CALEDONIA CORRECTIONAL INSTITUTION SMALL TYPE III COMPOST FACILITY
PO BOX 137
TILLERY NC 27887
Caledonia Drive



FACILITY CONTACT NAME AND PHONE NUMBER: Steve Joyner

Phone 252 826 5621 Fax 252 826 5434

AUDIT PARTICIPANTS: Ben Barnes, Division of Waste Management, Steve Joyner,
Caledonia Correctional Facility

PURPOSE OF INSPECTION: To conduct a comprehensive audit of a small type III compost facility

VIOLATIONS NOTED (citation and explanation):

15A NCAC 13B .1406 **OPERATIONAL REQUIREMENTS FOR SOLID WASTE COMPOST FACILITIES (9)** Monitoring Requirements: (A) Specified monitoring and reporting requirements shall be met. *The Operational Plan* states that: "A grab sample of the product will be taken at least every 6 months and sampled for fecal coliform. A sample will be taken from each bin as it is removed and composted, kept refrigerated and sent to a NCDA lab at least every 6 months" The Caledonia Correctional Facility is in violation of this rule in that biannual samples are not being taken. This facility must immediately implement a program of biannual sampling and testing record keeping for fecal coliform bacteria.

15A NCAC 13B .1406 **OPERATIONAL REQUIREMENTS FOR SOLID WASTE COMPOST FACILITIES (11):** Type 2,3, and 4 facilities shall maintain the compost process at a temperature above 40 degrees Celsius for 14 days or longer and the average temperature for that time shall be higher than 45 degrees Celsius, or Types 2,3, and 4 facilities shall meet the vector attraction reduction requirements in 41 CCFR 503.33(b)(4) or (7). The Caledonia Correctional Facility is in violation of this rule in that the operator has had difficulty in maintaining the above referenced temperatures at the facility, particularly during the winter season. Further efforts must be made to meet these temperature requirements or to investigate other methods of vector reduction.

COMMENTS /SUGGESTIONS:

Overall the facility is well run. The operator has pursued actions to raise the temperature of the facility, but had not been completely successful. Problem may be due to the use of bin system with forced air aeration.

Please contact me if you have any questions or concerns regarding this inspection report

Ben Barnes (signature) Phone: 919 571 4700

Ben Barnes *Regional Representative*

Delivered on _____ (date)

by ___ hand delivery ☒ US Mail ___ e-mail ___ Other(specify) _____

cc: Phil Prete: Field Operations Branch Head
self

4. PW



NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES
Division of Solid Waste Management
Solid Waste Section
SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

Type of Facility Compost Permit # SW-42-06 County Halifax
Name of Facility Caledonia Correctional Institution Location Caledonia Road
Date of Last Evaluation 11-19-99

I. Permit Conditions Followed ☒ Yes ☐ No ☐ N/A

A. Specific Condition(s) Violated _____

II. Operational Requirements Followed ☒ Yes ☐ No

15A N.C. Admin. Code 13B Section _____

A. Specific Violation(s) by number and letter.

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments Mr. Joyner indicated that adding urea to dehydrated
lime to each of the layers in the composting bin seems to have
corrected the temp problems & helped control flies & odors

V. Continuation Page Required? ☐ Yes ☒ No Receiving Signature Steve Joyner

Evaluation Date July 7, 2000 Solid Waste Section Ben Barnes

NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

Type of Facility Compost Permit # SW-42-06 County Halifax

Name of Facility Caledonia Correctional Institution Location Caledonia Road

Date of Last Evaluation _____

I. Permit Conditions Followed _____ Yes ☒ No _____ N/A

A. Specific Condition(s) Violated _____

Condition 7. Operation of facility shall be in accordance with the
Operation Maintenance Manual (Operator reports that he is having
difficulty keeping temperatures at 131° level)

II. Operational Requirements Followed _____ Yes ☒ No _____

15A N.C. Admin. Code 138 Section .1406

A. Specific Violation(s) by number and letter.

(12)(C) The within-vessel composting method, Temperatures shall be
maintained at 131°F for three days

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments _____

V. Continuation Page Required? _____ Yes ☒ No _____ Receiving Signature _____

Evaluation Date 11-19-99

Solid Waste Section Ben Barnes

NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

TD

Type of Facility Small Type III Compost Facility Permit # SW-42-06 County Halifax

Name of Facility Caledonia Correctional Institution Location Caledonia Road

Date of Last Evaluation _____

I. Permit Conditions Followed ☒ Yes ☐ No ☐ N/A

A. Specific Condition(s) Violated _____

II. Operational Requirements Followed ☒ Yes ☐ No

15A N.C. Admin. Code 138 Section _____

A. Specific Violation(s) by number and letter.

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments Leachate has apparently overflowed from second bin, operator indicated mice have built nests under bioplates, slowing drainage will use poison & cover entrance with steel wool to address problem. Many flies around second bin.

V. Continuation Page Required? ☐ Yes ☒ No Receiving Signature _____

Evaluation Date 6/23/99 Solid Waste Section Ben Barnes

DEHMR 3793

(Part I White: Facility

Part II Canary: Central Office

Part III Pink: Regional Office)

Solid Waste Section (Review 7/94)

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Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

DIVISION OF WASTE MANAGEMENT
FAYETTEVILLE REGIONAL OFFICE

Type of Facility Small Type III Compost Facility Permit # SLW-42-D6 County Halifax

Name of Facility Caledonia Correctional Institution Location Caledonia Road

Date of Last Evaluation _____

I. Permit Conditions Followed ☒ Yes ☐ No ☐ N/A

A. Specific Condition(s) Violated _____

II. Operational Requirements Followed ☒ Yes ☐ No

15A N.C. Admin. Code 13B Section _____

A. Specific Violation(s) by number and letter.

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments Having difficulty getting temperatures up to
required levels in winter. Finished product has been used
as bulking agent for next bin

V. Continuation Page Required? ☐ Yes ☒ No Receiving Signature Stone Jayner

Evaluation Date 1/28/99 Solid Waste Section Ben Barnes

NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

TD 50085

Type of Facility SLAS Permit # 42-06 County Halifax

Name of Facility Green S.T. Service Location OFF Hwy 903

Date of Last Evaluation _____

I. Permit Conditions Followed ☒ Yes ☐ No ☐ N/A

A. Specific Condition(s) Violated _____

II. Operational Requirements Followed ☒ Yes ☐ No

15A N.C. Admin. Code 138 Section _____

A. Specific Violation(s) by number and letter.

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments Field markers have been knocked down

V. Continuation Page Required? ☐ Yes ☒ No Receiving Signature _____

Evaluation Date 12/18/98 Solid Waste Section Ben Barnes

DEHNR 3793

(Part I White: Facility Part II Canary: Central Office Part III Pink: Regional Office)

Solid Waste Section (Review 7/94)

NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES D

Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

Type of Facility STDF Permit # 42-06 County Holifax

Name of Facility Green S.T. Service Location OFF Hwy 903

Date of Last Evaluation _____

I. Permit Conditions Followed ☒ Yes ☐ No ☐ N/A

A. Specific Condition(s) Violated _____

II. Operational Requirements Followed ☒ Yes ☐ No

15A N.C. Admin. Code 138 Section _____

A. Specific Violation(s) by number and letter.

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments _____

V. Continuation Page Required? ☐ Yes ☒ No Receiving Signature _____

Evaluation Date 12/18/98 Solid Waste Section Bla Barne

DEHNR 3793

(Part I White: Facility Part II Canary: Central Office Part III Pink: Regional Office)

Solid Waste Section (Review 7/94)